2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 3

DOCUMENT # P95000059377 1. Entity Name							Jan 28, 2005 08:00 AM Secretary of State				
G & D COASTAL ENTERPRISES, INC.							1	v			
Principal Place of Business				Mailing Address			-			•	
1751 N.E. 64TH STREET FORT LAUDERDALE FL 33334				1751 N.E. 64TH STREET FORT LAUDERDALE FL 33334						: : ::::::::::::::::::::::::::::::::::	
2. Principal P	Place of Busin	ness	3. Mailing Address				-			[
Suite, Apt.	#, etc.	<u>-</u>	Suite, Apt. #, etc.				1s	t MOORE CR2	E034 (10/04)		
City & State	te .		City & State			4. FEI Numb	er 65-0604601		Applied For Not Applicable		
Zip	Zip Country		Zip		Coun	try		of Status Desired	Fee Regu		
6. Name and Address of Current I				ed Agent	<u> </u>	Name	7. Name and Address of New Registered Agent Name				
175	1 N.E. 64	, GLEN A ITH STREET ERDALE FL 33334				(P.O. Box Numb	er is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·		
						City			FL Zip C	ode	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE,	Signature, typed	for printed name of registered agent	and title if api	plicable (NOT	E Registere	d Agent signature requir	ed when rainslating)	. <u> </u>	DATE		
After	May 1, 200	!! FEE IS \$150.00 05 Fee Will Be \$550.00 o Florida Department o						Election Campaign I Trust Fund Contribu		5.00 May Be dded to Fees	
10.		OFFICERS AND	DIRECTO	DRS .	11.		ADDITIONS	/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
ITILE NAME STREET ADDRESS CITY-ST-ZIP	1751 N.E.	LT, GLEN A 64TH STREET IDERDALE FL 33334		☐ Delete		l		U000002009 01/28/05-8004	□ Chang 32 6-025 150	i i	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1				☐ Chan	ge	
INTLE NAME STREET ADDRESS CHY-ST-ZIP			<u> </u>	☐ Delete			·		☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP			<u>-</u>	☐ Delete	ı	ì			☐ Chang	ge Addition	
12. I hereby indicated of the co	d on this repo	ne information supplied with ort or supplemental report in the receiver or trustee emp tachment with an address,	s true and owered to	d accurate and that execute this report	my signa t as regu	aura chall hava thi	a coma langi atta	ort as it made i indet date.	mat Lam an Offi	CAL OF ORGANIAN	

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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